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APPLICANTS

John Hagopian, Harwood, MD;
 Lee Daniel Feinberg, Silver Spring, MD;
 Walter A. Rau JR., Ellicott City, MD;

** CONTINUING DATA ***** *None*
(initials)

** FOREIGN APPLICATIONS ***** *None*
(initials)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/12/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *[Signature]*
 Examiner's Signature Initials

ADDRESS
 22428
 FOLEY AND LARDNER
 SUITE 500
 3000 K STREET NW
 WASHINGTON , DC
 20007

TITLE
 Zero data loss network protection

FILING FEE RECEIVED 663	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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